



INDEPENDENT MONITORING BOARD

## **HMP Shrewsbury**

Prison Rules 2010 (consolidated)  
Paragraph 80

**Annual Report to the Secretary of State for Justice**

**Year ending 30<sup>th</sup> April 2012**

# **INDEPENDENT MONITORING BOARD (IMB)**

## **ANNUAL REPORT 2012**

### **1. STATUTORY ROLE OF THE IMB**

- 1.1. The Prisons Act 1952 and the Immigration and Asylum Act 1999 require every prison to be monitored by an independent Board appointed by the Secretary of State for Justice and from members of the community in which the prison is situated.
- 1.2. The Board is specifically charged to:
  - 1.2.1. satisfy itself as to the humane and just treatment of those held in custody within its prison and the range and adequacy of the programmes preparing them for release.
  - 1.2.2. inform promptly the Secretary of State, or any official to whom he has delegated authority as it judges appropriate, any concern it has.
  - 1.2.3. report annually to the Secretary of State on how well the prison has met the standards and requirements placed on it and what impact these have on those in its custody.
- 1.3. To enable the Board to carry out these duties effectively its members have right of access to every prisoner and every part of the prison and also to the prison's records.

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## **2. DESCRIPTION AND FUNCTION OF THE PRISON**

HMP Shrewsbury is a Category C training prison for sentenced male prisoners. Over 60% are vulnerable prisoners.

The predominantly Victorian buildings are "listed" for planning purposes. The prison has 2 wings comprising 182 cells, a certified normal accommodation of 182 and an operational capacity of 340. Each wing has in-cell sanitation and a shower block. The operational capacity is now 319. Due to the lack of adequate screening and ventilation of toilet facilities none of the cells is certified as suitable to house more than one prisoner.

The prison operates with a total staff of approximately 189, made up as follows:

Managerial grades 10	5 operational Governors 5 non-operational Managers
Discipline and Specialist Officers	84 Officers; 7 Principal Officers 17 Senior Officers 34 OSGs;
Instructional Officers	09
Administration	23
Chaplaincy	5 Employees Plus Volunteers, Of all denominations and faiths
Health Care now staffed by PCT	23

All prisoners, able to participate and of working age, attend work or have access to other activities. Alternative arrangements are made for those over retirement age or prevented from working by disability. The regime at Shrewsbury is designed to give prisoners a structured sentence plan and, wherever possible, to provide them with meaningful employment. Physical well-being is allied to support from probation; psychology department; drugs team and chaplaincy, as well as from outside bodies. This support helps to maintain a well ordered establishment where prisoners are treated humanely and with decency, with the overall aim of reducing the risk of prisoners re-offending.

### **3. Executive Summary:**

HMP Shrewsbury is a Victorian prison and a listed building. Despite the constraints imposed by its buildings, and its limited site, the prison operates effectively and provides a safe and humane environment. This has been borne out consistently by surveys of the quality of the experience of the prisoners. An inspection by HMCIP mid-way through the reporting year, in September 2011, also commented on these issues.

The Board has been impressed by the calm commitment of staff to respond as positively as possible to the challenge of planned management restructuring. This has required flexibility and resilience from all involved, ensuring due regard to issues of safe custody.

From time to time in the course of their duties IMB members have had to ask searching questions. These have consistently been addressed with patience, good humour and professionalism. Thanks are due to the Governor who so clearly values the work of the IMB. The IMB clerk has also provided the board with excellent support in its work throughout the year. The Board also wishes to place on record its appreciation for the unfailing courtesy and co-operation shown by all grades of prison staff.

#### **4. Matters for the consideration of the Secretary of State:**

The Board requests the Secretary of State to ensure that each current IMB Report is always publicly available on the IMB website.

The Board asks the Secretary of State to protect the independence of IMBs by ensuring that publications on the IMB website reflect the priorities of Independent Monitoring Boards rather than those of the Ministry of Justice.

#### **5. Matters for the consideration of the Chief Executive of the National Offender Management Service (NOMS)**

The Board requests that the Chief Executive takes effective steps to ensure that public funds are not wasted by inappropriate prisoner movements which take insufficient account of the criteria applicable to prisoners accommodated in the receiving prison.

The Board requests the Chief Executive to take effective steps to ensure that adequate work opportunities are available for all prisoners of working age.

The Board requests the Chief Executive to take effective steps to ensure that prisoners are kept fully informed of the schedule envisaged enabling them to complete their sentence plans, especially when changes in location within the prison system occur.

#### **6. Matters for the consideration of the IMB Secretariat**

The Board requests the IMB Secretariat to ensure that there is agreement with the Ministry of Justice to provide an appropriate level of administrative support in each prison to facilitate the work of its Independent Monitoring Board.

#### **7. Matters for the consideration of the Governor**

The Board once again urges the Governor to make appropriate arrangements for staff to deputise for colleagues with specific responsibilities in their absence.

The Board requests the Governor to consider improving the provision of counselling available to staff particularly those who believe their careers have been adversely affected by the implementation of the 'Fair and Sustainable' agenda.

## **8. Reports**

### **8.1 Diversity:**

An IMB member has specific responsibility for monitoring the implementation of the prison's diversity policies, regularly attending the DREAT meetings, chaired by the Governing Governor. There is also regular consultation with officers having direct responsibility for the implementation of diversity policies. Rota visits and the applications received by the IMB also provide a valuable means of monitoring.

The proportion of the Shrewsbury prison population within minority groups no longer tends to vary greatly. On average, 25% of the population are categorised as 'older prisoners'. Almost 25% self declare as having a disability. Around 15% are categorised as prisoners from Black or other minority ethnic groups. Less than 5% are Foreign Nationals. Smaller numbers identify themselves as being in other minority groups, e.g. gypsies or travellers.

The Equalities Officer ably manages a wide range of responsibilities and is supported by the Disabilities Liaison Officer. The prison addresses the special dietary needs of religious minorities, including those of Moslem prisoners during Ramadan. The loss of the reliable translation service provided by 'the big word' is regretted as it was highly regarded in helping to meet the communications needs of Foreign National prisoners. Direct UKBA Immigration service support has been secured through regular visits and effective cooperation has been established with the hub at HMP Hewell.

A significant proportion of prisoners are no longer required to work, either because of age or disability and most of them are now accommodated in C wing. The adjacent exercise yard, transformed into a garden, offers a sheltered space where prisoners not obliged to work can relax. More frequent planned activities for the non-working prisoners are also recognised as desirable. There are regular meetings for older prisoners, for other groups such as Foreign Nationals, for the Gypsies and Travellers group, for the Gay and Bisexual group and of the disability forum. Where appropriate, specialist support has been obtained from outside bodies, such as the Terence Higgins Trust.

Care Plans for older or disabled prisoners have been developed with assistance from the Disability Liaison Officer. British Sign language courses are offered to prisoners who are 'Listeners' and to those who are Hard of Hearing. These courses also proved popular with a number of prison officers who are to be commended for having gained qualifications outside working hours. A special care suite, for chronically ill prisoner's not requiring hospitalisation, has been created adjacent to the existing Heath Care suite. Changes in the staffing of healthcare by the PCT may threaten the value of this facility. Currently the prison has only a single stair-lift giving access to the Health Care, Induction and Resettlement facilities for all prisoners. The provision of a second stair-lift to improve access to other parts of the prison is recognised as being desirable.

The positive climate for managing diversity has limited the frequency and severity of formal complaints. The number requiring investigation was once again minimal. These complaints and other aspects of the equalities work have been subject to a helpful independent external scrutiny. There were relatively few applications to the IMB about diversity related issues and those which were raised were readily resolved.

The immediate responsibility of the diversity team is to meet the needs of prisoners. However, they also aim to enhance the awareness, skills and understanding of prisoners and prison staff at all levels. A number of significant events have been marked in the prison by activities or displays. These have included Black History Month, Holocaust Memorial Day, Kick Racism out of Football and the International Day of Peace. All prison staff are obliged to participate in the approved national training programme on diversity; "*Challenge it, Change it*". It is a matter of regret that no national training has yet been offered to prison Disability Liaison Officers to equip them better for their role.

**Summary:**

The commitment of the Governor and the hard work of the Equalities and Disabilities Officers have ensured a positive proactive approach to addressing diversity. As a result the attitudes of officers and prisoners contribute to a safe and secure environment for all.

## **8.2 Learning and Skills.**

The designation of Shrewsbury as a training prison has meant that prisoners now tend to stay longer. This has enabled a more coherent approach to meeting educational needs. Changes now underway will result in Manchester College being replaced as the educational provider by Milton Keynes College. Prison based staff will be transferred to the new provider and will deliver the agreed programmes, supported in appropriate cases by courses delivered by staff from colleges in Shrewsbury, Stoke and Telford.

Liaison between the Offender Management Unit and the education provider commences during the induction process. This aims to ensure educational choices which are appropriate to the individual, taking into account any specific conditions restricting employability upon eventual release. Educational attainment, length of sentence, security information, individual wishes and resettlement needs all need to be considered for each prisoner in light of the courses and workshop activities available. These have also had to be reviewed in relation to their applicability to the prisoner population.

Following recommendations arising from the HMCIP report, working hours in the gym have been reviewed and modified. Since January 2012 gym staff have been scheduled on a rota basis to keep the gym facilities open at weekends as well as in the evenings. This means that the facilities are in use by prisoners for many more hours. It also means that prisoners do not have to be regularly withdrawn from educational or workshop activities. As a consequence many more prisoner hours are spent making use of the facilities.

There continue to be initiatives aiming to engage older prisoners in gentle physical activity if they can no longer participate in contact sports or in physically demanding activities such as weight training. A course in basic yoga has been offered and there are plans to purchase a mat for Bowls as soon as sufficient funding can be made available.

There is an increasing focus on the need for effective resettlement and rehabilitation in the planning of both courses and workshop activities. A number of initiatives have taken place to increase the variety and relevance of working activities. Courses aiming to help prisoners develop soft skills are offered alongside more formal courses. Sign language courses offered to assist the hard of hearing have proved popular and successful.

Carpentry items made in the prison workshops were sold over the Christmas period from an empty retail unit in one of Shrewsbury's shopping precincts. A rail track maintenance project is being reinstated, with prisoners from HMP Shrewsbury being cleared to participate. Meanwhile, through a separate initiative, redundant oak gates from the canal system are being recycled in the prison workshops. A wider recycling project is also planned. Prisoners employed in the prison kitchens will shortly be able to gain an NVQ in catering, in association with Stoke College. Workshop 5, which enjoys full disability access, remains popular even among some prisoners beyond compulsory working age.

Only limited funding was allocated to HMP Shrewsbury by the Skills Funding Agency and this was fully utilised. This disappointingly restricted provision has been supplemented by the Chaplaincy through charitable sources of funding. Spare classroom capacity has been used to deliver 'Toe by Toe' reading skills and an Art Class run by the Chaplaincy. The successful 'Sori' programme has also been maintained despite its unsuitability for a significant proportion of the prisoners at HMP Shrewsbury. Participation of prisoners from other prisons has made this possible. The Fresh Start Programme to aid and support rehabilitation on release has offered 16 sessions of counselling for mentors within planned circles of support and accountability.

Shropshire County Council provides a library service staffed by two part time librarians assisted by two orderlies. In the absence of the librarians supervision is provided by a prison officer thus increasing access to this well used facility.

After many technical challenges a Virtual Campus is now available. The options are continually improving and generating considerable interest. However, there is concern about the future of Open University and Distance Learning courses. Changes in the fees for offender learning courses will dissuade many prisoners from enrolling. Many of those studying at Shrewsbury are of higher learning abilities than the average within the prison population. From September they will each have to pay over £1,000 per module and this will dissuade many from starting or continuing with courses already started.

### **8.3 Healthcare.**

Two members of the IMB normally monitor the work of the Healthcare providers, attending quarterly strategy meetings. It has not always proved easy to monitor the work of the Healthcare providers by means of the IMB application system, as confidentiality issues can arise. The Healthcare provider maintains a complaints system separate from that of the prison. Provision of Healthcare is shared with HMYOI Stoke Heath.

The Primary Care Trust, the largest provider, offers only one element of a complex range of health interventions. These also include IDTS provision, dental health provision and the secondary mental health intervention team known as 'In-Reach' which responds to referrals from the PCT. Medical care is nurse led, with three qualified nurses and five Health Care Assistants. As from April 2012 the number of Health Care Assistants was reduced to two, with an adverse effect, particularly on the distribution of medicines. A number of special clinics are held e.g. Asthma, Diabetes, Well Men, Over 55 Health and Smoking Cessation. The services of an Optician and Podiatrist are also available.

A large proportion of the prison population consists of older prisoners who, on average, have a higher demand for medication and medical attention. The two General Practitioners, one recently appointed, cover seven surgery sessions a week. Before a doctor is seen a nurse makes a triage assessment and decides on the necessity for and urgency of an appointment. The Dentist, who visits for one day a week, has a waiting list in excess of eight weeks. Funding limits have prevented the establishment of a triage system for dental care, so there is no reliable way of prioritising dental treatment.

Services for Mental Health are commissioned from South Staffordshire PCT. The only Mental Health nurse is shared with HMYOI Stoke Heath. There remains a long wait for referral. Despite a list, aiming to ensure that urgent cases are given priority, referrals can take many weeks. This unsatisfactory situation ought to be remedied. Referrals to see the community Psychiatrist take place in consultation with the prison INREACH team.

The age profile of the prison population also results in a significant number of visits by prisoners for appointments at Outpatient Clinics. Prison Officer security escort cover is required for each visit. Only two appointments are funded each day at the local hospital, by the provision of escorts, one visit each morning and one each afternoon. Prisoners requiring daily chemotherapy or radiotherapy treatment are inevitably given priority.

This situation has a knock on effect. The timing of other appointments is determined by the hospital and the prison is obliged to try to respond to each one offered. However, the funding of additional escort duties has proved problematic. During the reporting year approximately 50% of outpatient appointments had to be cancelled or re-arranged. This has caused considerable friction with the hospital authorities. They are now reluctant to renew appointments that are regularly cancelled. This serious issue calls for immediate resolution. Meanwhile, Healthcare staff have conducted pre-operation assessments so as to lessen the need for hospital visits and avoid further cancelled appointments.

The majority of complaints from prisoners concern repeat medication. Most of these are attributed to flaws in the Healthcare computer programme. Despite modifications, it seems not to be sufficiently effective. Once the duration of a prescribed medicine has expired the record is removed. This is inappropriate and causes delays with repeat prescriptions, requiring a new prescription to be originated by a doctor.

Prisoners' complaints to the Healthcare providers are dealt within seven days and answers given face to face unless further investigation is required. Caution is required in assessing prisoner complaints about medication due to the potential problem of drug abuse. Close cooperation between the Healthcare team and the Prison Security team aims to minimise the opportunities for drug misuse.

An Enhanced Care Suite is now available to meet the needs of the chronically ill. Despite the cessation of night cover nursing, arrangements are in place for nurses to be made available when the need arises. Nurses from the Community Team will provide backup.

#### **8.4 Safer Custody**

An IMB member regularly attends Safer Custody Meetings. Further observations on Residential, Safer Custody and S.C.C.U. issues are made on rota visits and derived from prisoner applications to the IMB. No major concerns about the operations of the prison in these areas have been raised by the IMB during the reporting year. During the current year initiatives started during the previous reporting year have been strengthened. One notable feature has been the gradual reduction in incidents of self-harm and assaults. There were no deaths in custody at HMP Shrewsbury in the reporting year.

Enhanced prisoners are now permitted to wear their own clothes. This initiative has had a successful first year. A laundry for A-wing prisoners has successfully been established and serves to enhance the scheme. A-wing prisoners all now participate in a varied full time workshops-based or education programme. A new Thinking Skills Programme, developed with staff from the psychology team at H.M.P. Drake Hall, is now available.

Since the change to category C greater free movement has been successfully established and association time has been increased for all prisoners. The number of single cells has been reduced. Those which remain are used to manage, as necessary, either medical or discipline problems. One cell has been upgraded to a new Safe Cell status. Prisoners requiring single cell accommodation upon arrival are no longer accepted at Shrewsbury.

An improved and refined Exit Survey is currently being completed by 90% to 95% of leavers. This provides a much clearer, more reliable picture of prison life. It shows high levels of prisoner satisfaction, related to a steady improvement in the effectiveness of strategies used by prison staff. A Prisoners' Anti-Bullying Team is in place. Safer Custody Teams on landings are also trained to speak to staff about reducing problems by using confronting and intervening strategies. ACCT training continues to be reviewed.

"Unsafe" areas identified by surveys are a focus for pro-active work by staff. There has been liaison with managers of areas where problems have arisen. A voluntary in-house anti-bullying course is offered for victims and perpetrators. A bullying awareness week has also been introduced. One problem which continues to exercise staff is tobacco debt and the bullying that tends to arise from it. This is being robustly managed, helped by the devising of an anti-bullying self-referral form. Illegal trading in medications has also become a focus for staff interventions and strategies.

Following a review of the Personal Officer scheme greater clarity was achieved in the expectations of all concerned. Senior Officers now regularly check on the effectiveness of the system in all areas of the prison and on the quality of the resulting documentation.

The capacity of the S.C.C.U. accommodation is limited, but it is rarely full. The facility has had a stable and effective year. One trend of note is the practice of prisoner's deliberately trying to get admitted to the S.C.C.U. as a place of safety to avoid tobacco debts. The prison pro-actively tries to move such prisoners elsewhere, or helps them to manage their problem by adopting a level of personal responsibility. This may involve a robust approach to paying back debts when returning to life on the residential wing. The incidence of mental health or personality disorder problems (noted in last year's report) among S.C.C.U. prisoners' has diminished during the year. This reflects progressively improved programmes of intervention employed by prison staff and agencies.

**Safer Custody Statistics 2011/12:**

Deaths in Custody	0	Temporary Release Failure	0
Self harm	56	Bullying	0
Assaults-prisoner on prisoner/staff	20	Miscellaneous	
Drugs	1	(including phone and C & R)	16
Food refusal	2	Dirty protest	0
Damage	4	Fire (Cells)	0
Fire arms	0	Incident at Height	3
Full Lockdowns	0	Dangerous Tools	0
Barricades	1	<b>Total</b>	<b>356</b>

**Adjudication Breakdown:**

Proved	241
Dismissed	83
Not proceeded	8
Adjourned	24
<b>Total</b>	<b>356</b>

## **8.5 Induction.**

The numbers of prisoners requiring induction has not reduced quite as significantly as was anticipated when the change in role took place. The introduction of layered offender management has, however, necessitated a change and expansion of the induction process. Prisoners are now assessed by their offender supervisor so that their specific needs can be identified. They are then referred to the resettlement agencies for which a need has been identified. Sentence planning is considered alongside any public protection implications. An induction Power-Point presentation is supplemented by a second day interview and by contact with listeners and other prison orderlies. Prisoners also have induction into specialist areas such as the gym-induction and chapel. The IMB has updated its own written induction guidance which is provided to all prisoners in the form of a pamphlet.

## **8.6 Resettlement.**

An IMB member regularly attends the resettlement meetings and issues also arise through rota visits. Concerns relating to the resettlement programmes offered at Shrewsbury were detailed in the report of HMCIP following a visit in September 2011. A number of the recommendations in this report can only be implemented effectively if and when funds become available and policy directions become clearer. Meanwhile, Shrewsbury continues to receive prisoners transferred in from other establishments who do not meet the required criteria, either because they are too near the end of their sentence or because the courses they are required to follow are not available at Shrewsbury.

### **Drugs and Alcohol**

The change to a category C training prison, in January 2010, brought about a change in the age structure of the prison population at Shrewsbury. Initially, the IDTS and CARAT teams anticipated and experienced a reduction in their workload. However, they have been busier than expected during the current reporting year. Late in the reporting year, in particular, there has been an increase in transfers from other prisons of prisoners who are substance dependent, or have been misusing. Staff have frequently found that such prisoners have not been used to engaging positively with CARAT team workers.

At Shrewsbury every prisoner having clinical treatment for substance misuse has both an IDTS and CARAT worker, and there is no waiting list. All prisoners are seen within the 3 day target. Assessments are now much more prisoner-centred, with a greater degree of mutual agreement. It has been very encouraging to achieve better joint working with other agencies such as In-Reach, P.C.T., Probation and OMU.

Following HMCIP recommendations, more peer group support is being attempted, with, for example, Narcotics Anonymous and Alcoholics Anonymous. It is hoped that a basis for regular links is being developed. An on-line training package motivating people

through treatment is also being investigated. From February the team has been receiving guidance from a Crime Reduction Consultant initiative. The move from Subutex to Methadone is supported by the evidence of the former's attendant risk of diversion and misuse. The prison also offers Lofexidine as an alternative non-opiate based treatment.

### **Sentence Plans.**

Members of the IMB have noted expressions of concern by prisoners keen to complete their sentence plans. Some prisoners arriving at Shrewsbury believe that they have been mistakenly sent to a prison where courses that they wish to complete are not available. They are therefore keen to be moved elsewhere. What adds to their frustration is the lack of information and/or the delay in receiving information in explanation of the situation.

The IMB accepts that the prison service may need to send prisoners to Shrewsbury until a place, on a course relevant to their sentence plan, is available elsewhere. However, if this is the case then a prisoner should be told, without undue delay. We believe that this ought to be possible during their induction programme. Managerial action ought to ensure that communication improves in this regard to avoid the build up of resentment and frustration. Greater clarity may also benefit prisoners' families, who can then realistically plan for visits during a limited period when the prisoner is at Shrewsbury.

Any prisoner maintaining innocence after conviction presents a significant challenge, sometimes making it impossible to ensure agreement on a sentence plan. There remains, in such cases, a conflict between the need to address offending behaviour and the need to gain the agreement of the prisoner to the sentence plan. This matter requires resolving if the IMB is to be seen to act independently where complaints arise over the issue.

### **Offender Management.**

The national specification for the Layered Offender Management Programme is yet to be clarified. However, in line with practice elsewhere, HMP Shrewsbury has begun to introduce systems and to train staff consistent with the principles already established. This should in due course enable effective integration of practice at Shrewsbury with the regional reducing reoffending strategy. All offenders now have an offender supervisor supported by a case administrator. Despite lack of clarity nationally, progress has been made at Shrewsbury to introduce an effective Needs Analysis leading to a full Reducing Reoffending Strategy in line with the recommendations of HMCIP. The aim is to identify fully the particular treatment needs of each prisoner while in custody.

The lack of programmes at Shrewsbury to address sexual offending has not yet been remedied by the approval of course funding. In the meantime prisoners needing to attend sex offender treatment programmes still have to be transferred elsewhere to participate. Staff at Shrewsbury continually review public protection measures and have sought advice and assistance from the national public protection lead of the Prison Service.

Staff are well aware that too many prisoners are not yet being challenged in their attitudes towards their offence. However training programmes for staff, which have included sessions on subjects such as ‘Conditioning & Grooming’ are increasing their confidence in addressing some issues. Further national training support in this area seems to be urgently required. In the meantime HMP Shrewsbury has been in negotiation to pioneer a new programme appropriate to sex offenders who remain in denial of their offence.

### **Pre-release provision.**

Efforts are being made to increase the use of release on temporary licence (ROTL) to support resettlement. However, this can only be approved where it is consistent with the need to protect the public. Plans are being finalised to house a significant number of prisoners in C Wing who are able to go out on ROTL to work placements in the community. Several workplace projects and systems have been approved. Some prisoners may be transferred from other prisons to Shrewsbury in order to participate.

A pre-release course is available to all prisoners and provides good levels of support and referral. The courses include elements on relations with the Probation Service and with NACRO. Course members are also provided with certification of their participation in a Money Management course. They have an opportunity to assess the value of the course through answering a questionnaire at completion.

To better prepare prisoners for release additional resources have been allocated to try to improve opportunities for employment particularly through release on temporary license (ROTL). An Employment Liaison Officer was appointed and has had considerable success in providing greater opportunities for prisoners to work within the ROTL system.

The prison takes seriously its responsibilities in regard to the provision of suitable accommodation for prisoners upon their release. Despite the greater geographical spread of the prisoner population since the change in role in 2011, the prison has continued to meet and exceed its targets in respect of finding suitable accommodation.

### **Families and children.**

The prison recognises the need to maintain and where possible strengthen family links. However, difficulties too frequently arise in clarifying whether some prisoners have the right to have access to and/or contact with their own children. Delays can result in prisoners being denied access for many months without adequate reasons ever being established. Families’ days are still being successfully run, supported by the Chaplaincy, Shropshire Council’s Children’s Services, Education and the Gym. A number of activities are available for a wide age range of children through a crèche facility. The Visits centre has been made more family friendly with advice from the Pre-School Learning Alliance. Grandparents are now encouraged to participate in the Family Days.

### **Chaplaincy.**

The multi-faith team continues its effective and important work. The team provides support to the whole prison community; to those who have faith and those who have none. A wide range of activities is offered apart from those specific to particular faith groups. A considerable number of volunteers assist and this is a significant factor in the range of activities which the Chaplaincy can undertake. A range of recreational activities such as Choir, Band, Guitar and Art groups are offered. A number of voluntary counsellors also work with individuals within the prison. This service is available to all prisoners.

The charitable work of the chaplaincy includes assistance with accommodation, mentoring and support in resettling into the community. The Shrewsbury and Telford Community Chaplaincy Project, known as 'Fresh Start – New Beginnings' aims to provide support for those who have served a custodial sentence to be successfully resettled into the local community. This Charity has no Government funding and is already investing considerable sums in Shrewsbury prison. The limitations on the relevance of the SORI programme (Supporting Offenders through Restoration Inside) to many prisoners at Shrewsbury have been noted elsewhere in this report. However, successful courses are still being offered, drawing some prisoners from elsewhere.

### **8.7 Kitchen.**

IMB members visit the prison kitchen at least once each week. A mark of the quality of the management is the fact that no applications were made to the IMB in the reporting year making complaints about either the quality or the variety of the food served in the prison. Vegetarian alternatives are available and at least one Muslim prisoner is normally scheduled to work in the kitchen to ensure compliance with halal requirements. Menus also reflect the needs of older prisoners. This is overall a very well run part of the prison, where working relationships between staff and prisoners are positive.

Limitations in buildings and equipment continue to cause some problems. There is a programme to gradually replace older equipment but breakdowns have been too common and delays in repairs have been too frequent. The modern servery is effective, and heated containers are taken to the point of serving. The special equipment purchased to keep food warm for Muslim prisoners when observing Ramadan has also proved effective. Maintaining reasonable working temperatures within the kitchen throughout the year is recognised as being difficult, owing to the antiquated heating and ventilation systems.

## **9. Board Operation and Statistics**

Recommended complement of board members	12
Number of board members at start of reporting period	9
Number of board members at end of reporting period	12
Number of board members joining within the reporting period	4
Number of board members leaving within the reporting period	1
Total number of board members during the reporting period	13
Average number of attendances at board meetings during the reporting period	10
Number of attendances at meetings other than board meetings	79
Total number of visits to the prison (including all meetings)*	225
Total number of applications received	138
Total number of segregation reviews held	68
Total number of segregation reviews attended	25

\*The training of new members has contributed to the increased number of visits.

Code	Subject	2008/09	2009/2010	2010/2011	2011/12
A	Accommodation	5	5	4	1
B	Adjudication	Nil	1	2	3
C	Diversity related	Nil	Nil	3	1
D	Education/Employment/Training	3	4	2	7
E	Family/Visits	5	14	12	9
F	Food/ Kitchen	1	3	5	Nil
G	Health related	12	12	38	38
H	Property	4	9	14	6
I	Sentence related	5	3	22	35
J	Staff/prisoner/detainee related	Nil	1	7	2
K	Transfers	2	5	17	33
L	Miscellaneous	11	5	7	8
	Total number of applications	48	62	133	143

The large overall number of applications seems to reflect issues implicit in the current role of the prison. The number of health related applications remains very high, despite a separate reporting system instituted by the healthcare team. A significant number of the sentence related complaints derived either from sentence plans, recall review, parole, ROTL, IEPs or re-categorisation. Some transfer related applications derive from problems over possessions unaccounted for when the transfer takes place. Most of the others arise from the undesirable consequences of unexpected and/or inconvenient transfers, for example, upon family contacts, medical appointments and the completion of sentence plans. The overall number of repeat applications from individuals remains high.